

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 6849

63-047997
STATE FILE NUMBER

FILED DEC 27 1963

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Kansas City

Length of stay in lb

1 day

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

General Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Texas

b. COUNTY

Coolidge

c. CITY

Mexia

d. STREET
ADDRESS

R. 2, Box 183 A

Inside Limits

Yes ☒ No ☐

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED
(Type or print)

First

Henry

Middle

Ferrell

Last

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11/10/1895

9. AGE (last birthday)

68

Month

Dec.

Day

15

Year

1963

5. SEX

Male

6. COLOR OR RACE

Negro

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Coolidge Co., Texas

11. BIRTHPLACE (City and state or country)

U. S. A.

13a. FATHER'S NAME

Scott Ferrell

13b. MOTHER'S MAIDEN NAME

Laura ?

14. NAME OF HUSBAND OR WIFE

Lizzie F Brrell

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Lizzie Ferrell - R. 2, Box 183 A, Mexia,

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arteriosclerosis

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Senility

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____.
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

W. Tillman M.D. Deputy Coroner

22b. ADDRESS

1618 Ig dia Ave,

22c. DATE SIGNED

12/17/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

12/18/1963

23c. NAME OF CEMETERY OR CREMATORY

Sandy Cemetery

23d. LOCATION (City, town, or county)

Mexia, Texas

24. FUNERAL DIRECTOR

E. Sterling Bolla

ADDRESS

1212 Vine

25. DATE RECD. BY LOCAL REG.

12-18-63

26. REGISTRAR'S SIGNATURE

Bessie Smith

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

100-10-0000

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

E. Sterling Bills

Licensed Embalmer No. 3178

P. O. Address 1212 Vine St., Kansas City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.